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TRANSMITTAL FORM

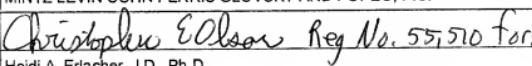
(to be used for all correspondence after initial filing)

		Application Number	10/547,944
		Filing Date	July 10, 2006
		First Named Inventor	Thomas M. Frimurer
		Art Unit	1631
		Examiner Name	L. A. Clow
Total Number of Pages in This Submission		Attorney Docket Number	41228-TM10001US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing – 1 Replacement Sheet – Figure 1	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	General Power of Attorney Statement Under 37 CFR 3.73(b), SB/08A/B, Foreign Patent Document, Non Patent Literature Documents, Statement in Support of Computer Readable Form Submission Under 37 C.F.R. 1.821(f), TXT File of Sequence Listing
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.:41228-TM10001US	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature	 Reg. No. 55,510 for:		
Printed name	Heidi A. Erlacher, J.D., Ph.D.		
Date	January 6, 2011	Reg. No.	45,409